STATES OF A

APPLICATION NUMBER FILING/RECEIPT DATE FIRST NAMED APPLICANT ATTORNEY DOCKET NO./TITLE

09/224,467

12/31/98

ASHTIANI

C 98-1850-(036

0212/0819

JENNIFER M STEC - CIMS 483-02-19
DAIMLERCHRYSLER CORPORATION
DAIMLERCHRYSLER TECHNOLOGY CENTER
800 CHRYSLER DRIVE EAST
AUBURN HILLS MI 48326-2757

NOT ASSIGNED

1753

DATE MAILED:

08/19/99

NOTICE TO FILE MISSING PARTS OF APPLICATION Filing Date Granted

An Application Number and Filing Date have been assigned to this application. The items indicated below, however, are missing. Applicant is given TWO MONTHS FROM THE DATE OF THIS NOTICE within which to file all required items and pay any fees required below to avoid abandonment. Extensions of time may be obtained by filing a petition accompanied by the extension fee under the provisions of 37 CFR 1:136(a). If any of items 1 or 3 through 5 are indicated as missing, the SURCHARGE set forth in 37 CFR 1.16(e) of \$65.00 for a small entity in compliance with 37 CFR 1.27, or \$130.00 for a non-small entity, must also be timely submitted in reply to this NOTICE to avoid abandonment.

for a small entity in compliance with 37 CFR 1.27, or \$\frac{1}{2}\$130.00 for a non-small entity, must also be timely submitted in reply to this NOTICE to avoid abandonment. If all required items on this form are filed within the period set above, the total amount owed by applicant as a \$\sim \sim \sim \frac{1}{2}\$\sum \sim \sim \frac{1}{2}\$\sum \sim \sim \frac{1}{2}\$\sum \sim \sim \frac{1}{2}\$\sum \sim \sim \sim \frac{1}{2}\$\sum \sim \sim \sim \frac{1}{2}\$\sum \sim \sim \sim \sim \sim \frac{1}{2}\$\sum \sim \sim \sim \sim \sim \sim \sim \si			
Ц	2.	The following additional	
		\$for_	total claims over 20.
		\$for_	independent claims over 3.
\$for multiple dependent claim surcharge. Applicant must either submit the additional claim fees or cancel additional claims for which			ultiple dependent claim surcharge. bmit the additional claim fees or cancel additional claims for which fees are due.
	´ 3.	☐ is missing or unsign ☐ does not cover the r An oath or declaration in	wly submitted items. compliance with 37 CFR 1. 63, including residence information and identifying the application by mber and Filing Date is required.
	4.	The signature(s) to the (1.43 or 1.47.	ath or declaration is/are by a person other than inventor or person qualified under 37 CFR 1.42, declaration in compliance with 37 CFR 1.63, identifying the application by the above
	5.	, ,	ring joint inventor(s) is missing from the oath or declaration:
		An oath or declaration inventor(s), identifying t	compliance with 37 CFR 1.63 listing the names of all inventors and signed by the omitted is application by the above Application Number and Filing Date, is required.
	6.	A \$50.00 processing fe	is required since your check was returned without payment (37 CFR 1.21(m)).
	7.	Your filing receipt was m	iled in error because your check was returned without payment.
	8.	Applicant must file a ve.	n a language other than English. fied English translation of the application, the \$130.00 set forth in 37 CFR 1.17(k), unless d a statement that the translation is accurate (37 CFR 1.52(d)).
	9.	OTHER:	
D	rec	t the reply and any quest	ns about this notice to "Attention: Box Missing Parts."
Z	ستخم	From (1/2	py of this notice <u>MUST</u> be returned with the reply.

Customer Service Center

Initial Patent Examination Division (703) 308-1202